



Supplemental Application Data Sheet

Application Information

Application number::	10/031722
Filing Date::	01/18/02
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	HUMAN MONOCLONAL ANTIBODIES TO HER2/NEU
Attorney Docket Number::	MXI-160US
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Tibor
Family Name::	KELER
Name Suffix::	Ph.D., J.D.
City of Residence::	Ottsville
State or Province of Residence::	PA
Country of Residence::	US
Street of mailing address::	30 Park Road
City of mailing address::	Ottsville

State or Province of mailing address:: PA
Postal or Zip Code of mailing address:: 18942

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Yashwant
Middle Name:: M.
Family Name:: DEO
City of Residence:: East Brunswick
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 35 Cortland Drive
City of mailing address:: East Brunswick
State or Province of mailing address:: NJ
Postal or Zip Code of mailing address:: 08816

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Netherlands
Status:: Full Capacity
Given Name:: Jan
Middle Name:: G. J.
Family Name:: VAN DE WINKEL
Name Suffix:: Ph.D.
City of Residence:: Zeist
Country of Residence:: Netherlands
Street of mailing address:: Verlengde Slotlaan 80
City of mailing address:: Zeist
Country of mailing address:: Netherlands
Postal or Zip Code of mailing address:: 3707 CK

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Laura
Middle Name:: A.
Family Name:: VITALE
City of Residence:: Doylestown
State or Province of Residence:: PA
Country of Residence:: US
Street of mailing address:: 4194 Milords Lane
City of mailing address:: Doylestown
State or Province of mailing address:: PA
Postal or Zip Code of mailing address:: 18901

Correspondence Information

Correspondence Customer Number:: 00959

Representative Information

Representative Customer Number:: 59819

Domestic Priority Information

Foreign Priority Information

Assignee Information

Assignee name:: MEDAREX, INC.
Street of mailing address:: 707 State Road
City of mailing address:: Princeton
State or Province of mailing address:: NJ
Postal or Zip Code of mailing address:: 08540